ATTACHMENT 2 01-22-2020



NEMT Update

January 2020

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Medicaid Division Administrator

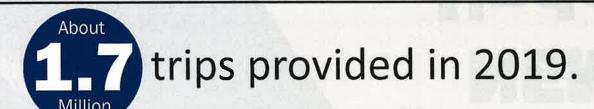




Non-Emergency Medical Transportation

Program Overview

- Non-emergency medical transportation (NEMT) is a required Medicaid benefit.
- Designed to get individuals to and from medical appointments
- Transportation and lodging for medically necessary long-distance/out-of-state travel are covered.





Brokerage

- Idaho's NEMT program is administered through a brokerage model (since 2010).
- The broker contracts with a network of transportation providers.
- The current NEMT broker is Medical Transportation Management (MTM).
- The broker is paid on a per-member per-month basis.

Non-Emergency Medical Transportation





History

- Previous broker Veyo terminated contract in 2017.
- Under state purchasing regulations, the contract passed to MTM in March 2018.
- Rapid transition was challenging.
- Provider rates had stagnated.
- Requested rate increase in 2019; delivered in July 2019.
- Amended contract to retain broker and increase rates.



During the 2019 Legislative Session, the Joint Legislative Oversight Committee requested that the Office of Performance Evaluation review the NEMT brokerage to:

- Examine effectiveness of model
- Compare models with respect to:
 - o Costs
 - o Rates
 - o Requirements
 - o Structure
 - National standards



"The division can strengthen its management of the risks inherent to a capitated payment structure through three key improvements:"

- 1. Analyze program cost drivers
- 2. Plan for rate adjustments
- 3. Develop a contract monitoring process that includes independent verification

Other recommendations: Incorporate lessons from IBHP review and University of Illinois report

April 2021 Kends

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OPE recommendation #1

Analyze service delivery costs to make sure appropriate rate methodologies are used in the NEMT program.

- Work with an accounting firm to examine costs
- Analyze service utilization by geographic region and member eligibility category





OPE recommendation #2

Proactively plan for annual rate adequacy reviews.

- Conduct annual rate reviews to ensure actuarial soundness
- Development of Request for Proposal (RFP) with provisions for annual rate adjustments based on use, cost, and quality of services

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OPE recommendation #3

Implement a robust contract monitoring process.

- Strategic leadership changes to improve accountability, ownership, oversight, and quality.
- Work with managed care consultants to refine contract monitoring and data analysis activities.
- Amended contract to include additional performance metrics and to outline financial penalties associated with performance metrics.



NEMT program initiatives (Continued)



OPE recommendation #3

Implement a robust contract monitoring process.

- Develop an independent complaint database that includes a web-based submission form for customers and stakeholders to quickly submit concerns to Medicaid
- Consult other states' NEMT programs
- Conduct independent complaint investigations

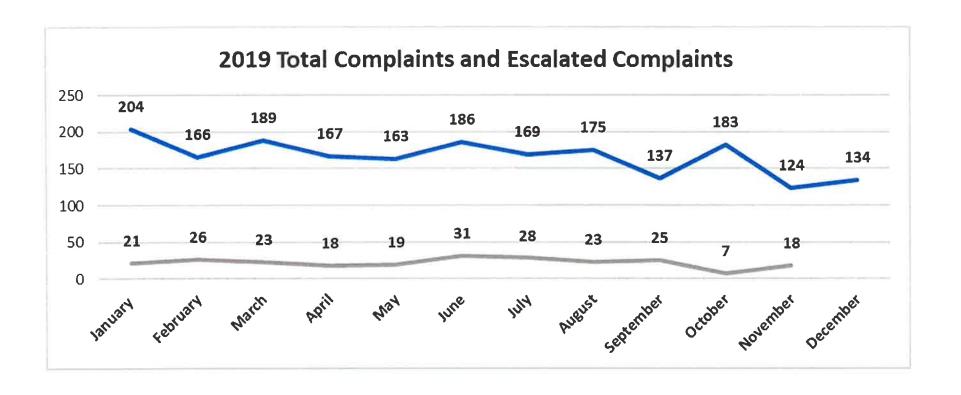
Performance monitoring

2019 Complaints Data

The NEMT team has analyzed complaints submitted through various channels during calendar year 2019.

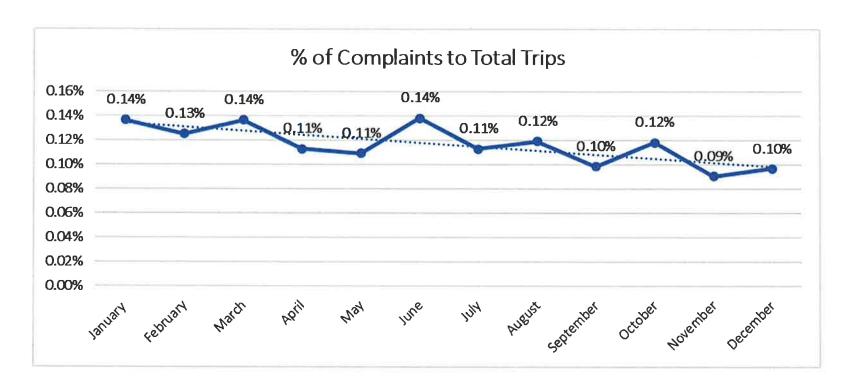


Performance monitoring



Performance monitoring

2019 Complaints Data





Current procurement activities

- Contract ends April 4, 2021
- Projected RFP release Spring 2020
- Compiling RFI responses received Dec. 2, 2019
- Planning stakeholder engagement
- Incorporating University of Illinois and OPE recommendations
- Working with managed care experts on model contract language
- Researching NEMT best practices used in other states



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